**GOVERNMENT AGENCY REGISTRATION FORM**


1. **PRE-REGISTRATION DEADLINE:** **Friday, April 17.** If your pre-registration form is not received by 5pm on the Deadline Date, we **cannot guarantee** that you will receive meals or presentation materials.

2. **FULL CONFERENCE ADMISSION Includes:** Wednesday May 6 Seminars, Presentation materials, Wednesday May 6 Networking Luncheon, Thursday May 7 Business Expo with exhibit Table, Thursday May 7 Lunch

3. **ONE DAY CONFERENCE ADMISSION Includes:** Thursday May 7 Business Expo with exhibit Table, Thursday May 7 Lunch

4. **Exhibit Workers:** Each Exhibiting Company may bring up to 2 additional Exhibit Workers on Thursday only, free of charge. You may purchase Thursday Lunch for $40 each for your Exhibit Workers.

5. **Credit Card Payment:** We can only accept Visa or Mastercard at this time. We **CANNOT** take Discover or American Express.

6. **Cancellations with a Refund will be honored only if requested in writing by April 17, 2009. No refunds after that date.**

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**Name**

**Email**

**Company**

**Company’s Product**

**Address**

**City/State/Zip**

**Phone ( )**

**Fax ( )**

**Business Classification:** Government Agency

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**Registration Type** *(check option[s] you want)* **Price Per Person** **Amount You Pay:**

- [ ] Full Conference Admission - **GOVERNMENT DISCOUNT** *(exhibit table included)*
  - $60.00
- [ ] One Day Admission (Thursday, May 7th Only) *(exhibit table included)*
  - $40.00

**If Registering AFTER April 17th, please select one of the options below:**

- [ ] Full Conference Admission - **after April 17th** *(exhibit table included)*
  - $75.00
- [ ] One Day Admission (Thursday May 7th Only) **after April 17th** *(exhibit table included)*
  - $55.00

**Please choose the following for your exhibit table (if applicable):**

- **Electricity:**
  - [ ] No
  - [ ] Yes
  - $20.00

- **Internet:**
  - [ ] No
  - [ ] Yes
  - $40.00

- **Shipping Exhibit to conference:**
  - [ ] No
  - [ ] Yes
  - $25.00
  - per each 100 lbs.

- [ ] Exhibit Worker Thursday Lunch

  **Name:**
  - ____________________________
  - $40.00

  **Name:**
  - ____________________________
  - $40.00

  **TOTAL**
  - ____________________________

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**PAYMENT**

Please send your completed registration form to one of the following:

- **Email:** klarsson@coba.usf.edu
- **Fax:** (813) 905-5801
- **Mail:** SBDC at USF, 1101 Channelside Dr., #210, Tampa, FL 33602

Upon receipt of your registration form, we will send you a confirmation email, including instructions on how to submit payment.

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For additional information, visit our Website at [http://sbdc.usf.edu](http://sbdc.usf.edu) or call (813) 905-5818

**How did you hear about this conference?** ___________________________________________________________________